DOCUMENT RESUME

ED 457 995 PS 029 838

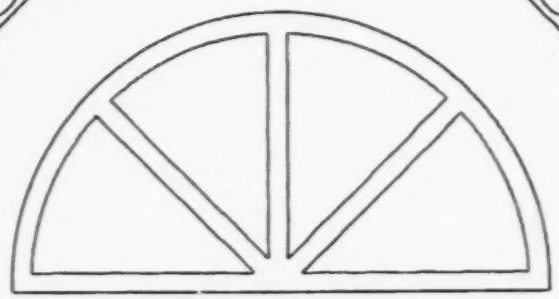
TITLE	Get the Lead Out: Illinois Childhood Lead Poisoning Surveillance Report, 2000.
INSTITUTION	Illinois State Dept. of Public Health, Springfield.
PUB DATE	2001-07-00
NOTE	12p.; For 1997-1998 report, see ED 438 034. For 1999 report, see PS 029 837. Produced by the Illinois Childhood Lead Poisoning Prevention Program.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Child Health; Child Safety; *Children; Community Characteristics; *Counties; Hazardous Materials; *Lead Poisoning; Legal Responsibility; Preventive Medicine; Statistical Analysis; *Statistical Data; Statistical Surveys
IDENTIFIERS	Environmental Problems; Household Risks; *Illinois; *Lead (Metal)

ABSTRACT

In order to highlight the importance of identifying children with elevated blood lead levels, the Illinois Department of Public Health produces its surveillance report to present state and county level data on the number of children screened for and identified with lead poisoning. In Illinois, all children between 6 and 84 months of age must be assessed for lead poisoning at least once before entering a licensed day care center, preschool, or kindergarten. This report provides information from 1999 and 2000 on screening tests conducted on children 15 years old or younger. The report indicates that in 2000, 9 percent of those tested had at least 1 blood lead test result greater than or equal to 10 mcg/dL. African American children continue to be over three times more likely to be affected by lead poisoning than Caucasian children. Hispanic children continue to be nearly twice as likely as Caucasian children to have lead poisoning. Much of the group differences are attributed to the fact that minority groups were more likely to live in older housing in high-risk areas. The age at which children should be screened is discussed in the report, and requirements for screening children living in high-risk areas is presented. Presented in tabular form is information for each Illinois county on the number of children 6 years and under, and 1999 and 2000 information on the number of children tested and the number identified with various blood lead levels. The report concludes with a list of organizational sources for information about lead poisoning prevention. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 457 995



GET THE LEAD OUT

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Cheryl Wyzoff

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

PS 029838

Illinois Childhood Lead Poisoning Surveillance Report

2000

Illinois Department of Public Health

BEST COPY AVAILABLE

Illinois Department of Public Health

Childhood Lead Risk Assessment Questionnaire

(Revised August 2000)

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE SHOULD BE ASSESSED FOR LEAD POISONING.

Today's date _____ Child's name _____

Child's age _____ In what ZIP code does the child currently live? _____

If the child has moved within the last 12 months, in what ZIP code(s) did he/she previously live? _____

Respond to the following questions by circling the appropriate answer.	RESPONSE		
1. Are any of the above ZIP codes listed on the back of this questionnaire?	Yes	No	Don't Know
2. Does this child live in or regularly visit a home that was built before 1950 (older than 50 years)?	Yes	No	Don't Know
Has the child ever lived in or regularly visited a home that was built before 1950 (older than 50 years)?	Yes	No	Don't Know
3. If this child lives in or regularly visits a home, school or day care center built before 1978 (older than 20 years) –			
Does it have peeling or chipping paint?	Yes	No	Don't Know
Is it being repaired or remodeled?	Yes	No	Don't Know
4. Is this child eligible for or enrolled in Medicaid, Head Start, Kid Care or WIC?	Yes	No	Don't Know
5. Does this child live with someone who has a job or hobby that may involve lead (for example, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes	No	Don't Know
6. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes	No	Don't Know
7. Has this child ever been to Mexico, Central or South America, Asia or any country where exposure to lead from certain items (for example, cosmetics, home remedies, folk medicines or glazed pottery) could have occurred?	Yes	No	Don't Know

Please discuss any questions or concerns with your health care provider.

Children with brothers or sisters who have elevated blood lead levels should have a blood lead test.

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If you need more information, call

Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
800-545-2200 or 217-782-0403
TTY (hearing impaired use only) 800-547-0466

Reviewed by _____ Date _____

Signature of Doctor/Nurse

GETTING THE WORD OUT ON LEAD

June 2001

National figures on childhood lead poisoning show a continued decline in the number of children who are lead poisoned. In Illinois, due to the age of the state's housing in many areas, lead poisoning among children continues to be a serious concern. In 2000, more than 9 percent of all Illinois children tested had lead levels that were considered elevated ($\geq$ 10 mcg/dL). This is one of the highest rates of childhood lead poisoning in the country.

Children are at the greatest risk for lead poisoning because their small bodies absorb more lead than adult bodies do. Once absorbed, the lead is extremely harmful because their bodies are still growing. The effects of lead, which often targets the developing brain and nervous system, are often permanent, so any damage that occurs in childhood could last throughout a child's life.

The medical consequences of childhood lead poisoning include learning disabilities, mental retardation, behavioral problems, lowered intelligence, stunted growth and hearing loss. At higher lead levels , coma and death can occur. Unfortunately, many lead poisoned children do not typically exhibit any abnormal symptoms. Often, symptoms mimic other childhood problems and lead poisoning is sometimes mistaken for a cold or the flu.

All children between 6 and 84 months of age must be assessed for lead poisoning at least once before entering a licensed day care center, preschool or kindergarten. The Illinois Department of Public Health (IDPH) recommends that children be assessed at 1 and 2 years of age. Detailed recommendations are found in *Guidelines for the Detection and Management of Lead Poisoning for Physicians and Health Care Providers*, which is available from IDPH or from most local health departments.

Generally, children can be assessed for lead poisoning in two ways. If a child lives in a ZIP code area determined to be at low risk of lead poisoning and has no identified risk factors, he or she can be assessed by a health provider using the "Childhood Lead Risk Assessment Questionnaire." A completed questionnaire signed by the health provider, is sufficient proof for entry into licensed day care, preschool or kindergarten. Proof of a blood lead test is necessary for children who live in high-risk ZIP code areas, or if exposure to lead is suspected.

For more information about lead poisoning, its sources and prevention, call the Childhood Lead Poisoning Prevention Program at 217-782-0403. For information about licensed lead inspectors and lead abatement contractors or to receive pamphlets on lead abatement, call the IDPH Lead Abatement Program at 217-782-3517. The hearing impaired can reach both programs by dialing 800-547-0466 (TTY).

John R. Lumpkin, M. D., M.P.H.
Director of Public Health

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Highlights

Some Interesting Numbers

Detailed breakdowns of the numbers of children screened and those with elevated results are given in the following pages.

Here are some other interesting highlights of blood lead testing in 2000:

* 274,999 blood lead tests were reported on 244,442 Illinois children.

* 23,063 children (9 percent) had at least one blood lead test result ≥10 mcg/dL.

* 8,263 children (3 percent) had at least one blood lead test result ≥ 15 mcg/dL.

* 207 children were identified with severe lead poisoning (≥45 mcg/dL).

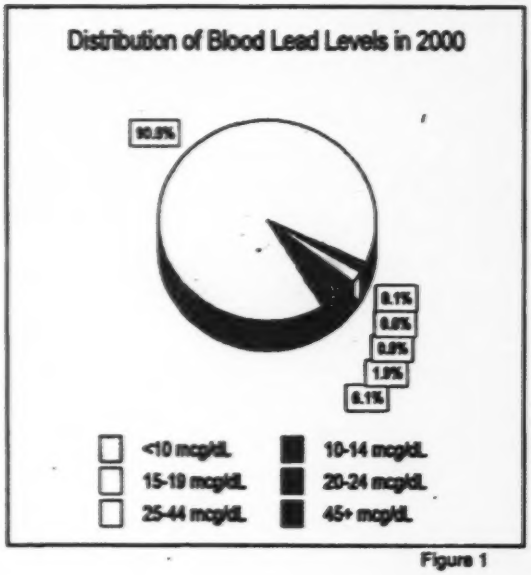


Figure 1

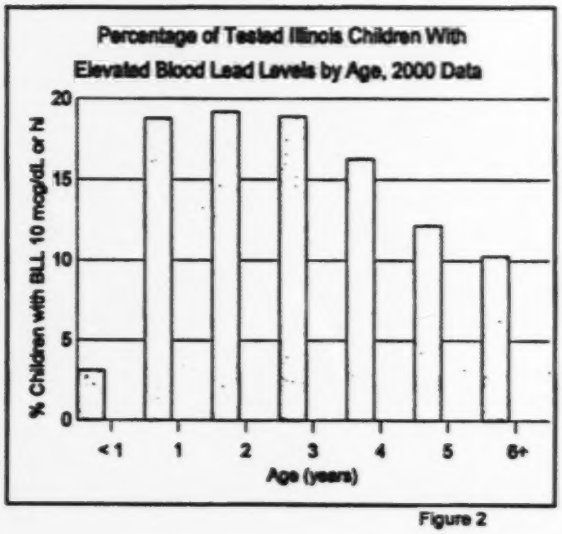


Figure 2

At what age should children be screened?

Illinois law requires that children between 6 and 84 months of age who live in high-risk areas be screened before attending licensed day care, school or kindergarten. Early detection is important since damage from lead poisoning can be prevented or minimized when it is discovered early in an affected child's development.

As Figure 2 suggests, children are most likely to become lead poisoned once they are able to crawl and walk. Therefore, IDPH recommends that children be tested at 1 and 2 years of age. In addition, federal policies require that Medicaid-enrolled children be tested at 1 and 2 years of age.

Elevated Results in High-Risk Areas

Illinois screening data for 1998 - 2000, shown in Figure 3, indicate that children living in high-risk ZIP codes are indeed more likely to be lead-poisoned than children living in low-risk ZIP codes.

This demonstrates that targeted screening use of the assessment questionnaire in low-risk areas is an appropriate and efficient way to identify children at risk for lead poisoning.

Although the assessment questionnaire was recently revised, a review of blood test results in the high- and low-risk ZIP codes determined that no change in risk designation was needed. The high- and low-risk designations were introduced for targeted screening in 1995.

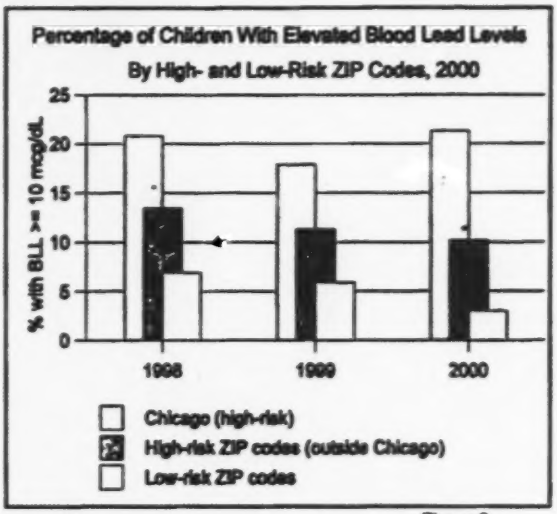


Figure 3

Lead Poisoning and Race

Figure 4 demonstrates the differential in lead poisoning across races. African-American children are more than three times as likely to be affected by lead poisoning than Caucasian children. Hispanic children face nearly twice the risk.

Most of this difference is attributed to the fact that minorities are more likely to live in the older housing of high-risk ZIP codes. While lead paint is the source of most lead poisoning cases, folk remedies and pottery made outside the United States may also contribute to the higher lead poisoning rates of minority children.

Efforts must continue to eliminate the preventable effects of lead poisoning among children of all races.

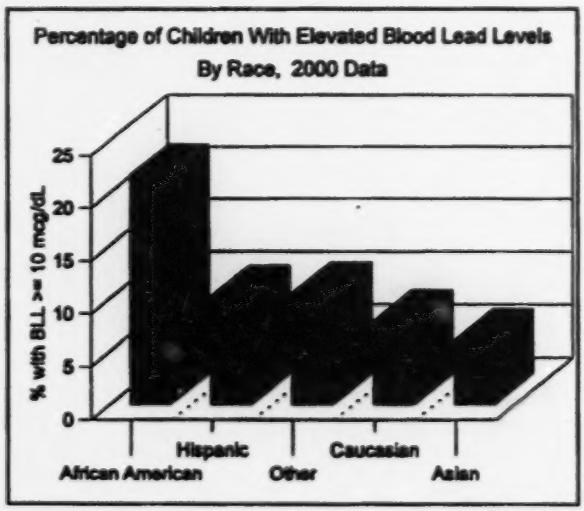


Figure 4

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

Summary of 1999 Activity		
*Total children screened	238,365	
Number with results ≥10 mcg/dL	26,384	
Number with results ≥15 mcg/dL	9,386	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	6,905	(74%)
Downstate	2,481	(26%)

Summary of 2000 Activity		
*Total children screened	244,442	
Number with results ≥ 10 mcg/dL	23,063	
Number with results ≥ 15 mcg/dL	8,263	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	5,960	(73%)
Downstate	2,155	(27%)

County	1990 Population of Children 6 and Under*	1999						2000					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Adams	6,664	614	57	19	7	6	2	566	54	9	4	5	0
Alexander	1,166	137	16	6	6	4	0	130	13	5	2	0	0
Bond	1,431	294	14	5	1	2	0	307	18	6	2	1	0
Boone	3,344	361	19	12	0	2	1	286	10	5	2	0	0
Brown	465	12	1	1	0	0	0	22	2	2	0	0	0
Bureau	3,516	421	4	5	3	1	1	359	3	10	0	2	0
Calhoun	544	52	5	0	1	0	0	34	4	1	1	0	0
Carroll	1,522	227	15	4	0	0	0	239	10	4	2	0	0
Cass	1,246	134	10	3	1	1	0	123	5	3	0	2	0
Champaign	16,730	962	33	6	2	0	0	1,567	45	6	2	1	2
Christian	3,428	394	15	5	1	3	0	427	15	5	2	1	1
Clark	1,491	40	3	0	0	0	0	39	0	0	0	0	0
Clay	1,316	192	9	0	0	0	0	195	8	1	0	0	0
Clinton	3,394	52	2	0	0	0	0	48	3	0	0	0	0
Coles	4,154	93	11	1	1	1	0	192	12	1	1	1	1
Cook w/o Chicago	239,334	19,556	861	240	88	110	10	21,416	697	234	97	100	11
Chicago	296,408	105,641	11,914	3,763	1,510	1,452	180	113,547	10,745	3,494	1,483	1,265	160
Crawford	1,832	97	1	0	0	0	0	109	4	0	1	0	0
Cumberland	1,152	42	1	2	0	0	0	58	0	1	0	0	0

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under*	1999						2000					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
DeKalb	6,953	378	21	5	2	2	0	374	17	7	1	1	0
DeWitt	1,545	178	18	5	3	2	0	257	30	8	2	0	0
Douglas	2,038	90	4	0	0	0	0	94	2	1	0	3	0
DuPage	89,010	2,585	115	22	5	4	0	3,345	105	25	13	9	0
Edgar	1,717	226	21	4	2	2	0	197	15	4	1	2	0
Edwards	674	65	8	3	1	1	0	51	8	1	0	0	0
Effingham	3,876	83	3	0	1	0	0	73	2	0	0	0	0
Fayette	1,937	280	9	6	0	0	0	326	7	3	1	0	0
Ford	1,376	155	8	0	2	0	0	125	9	2	2	0	0
Franklin	3,440	340	14	3	1	1	0	230	13	1	1	0	0
Fulton	3,284	381	32	7	0	3	0	351	34	11	6	1	0
Gallatin	569	105	4	3	0	0	0	87	3	0	0	0	0
Greene	1,568	182	28	11	0	2	1	175	19	3	1	1	0
Grundy	3,369	243	5	3	1	1	0	281	6	1	2	1	0
Hamilton	750	98	13	0	0	0	0	100	10	1	1	1	0
Hancock	1,970	309	35	3	1	5	0	344	30	8	8	1	0
Hardin	425	37	1	0	0	2	0	31	5	1	0	1	0
Henderson	738	114	8	2	0	1	0	130	10	3	0	1	0
Henry	4,937	224	32	11	1	1	1	178	15	5	1	2	0
Iroquois	2,945	267	13	2	1	0	0	344	11	1	1	0	0
Jackson	4,697	611	28	9	0	0	0	709	24	3	1	1	0
Jasper	1,178	62	4	0	0	1	0	55	5	0	0	0	0
Jefferson	3,841	407	15	3	2	1	0	398	10	2	1	2	0
Jersey	2,116	127	2	1	1	1	0	108	1	1	2	0	0
Jo Daviess	2,158	156	7	3	1	1	0	158	7	2	0	2	0
Johnson	818	44	0	1	0	0	0	59	1	2	0	0	0
Kane	39,441	5,813	424	117	41	33	5	6,243	434	95	31	19	4

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under*	1999						2000					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Kankakee	10,635	2,321	228	73	16	22	2	1,947	172	51	13	20	2
Kendall	4,448	187	3	1	0	0	0	248	6	2	0	0	0
Knox	4,931	801	37	13	3	1	3	791	36	12	7	7	1
Lake	61,257	5,982	104	42	14	14	4	6,219	152	31	4	11	4
La Salle	10,376	1,083	40	10	9	6	0	1,164	40	7	7	5	1
Lawrence	1,435	331	9	4	0	0	0	308	9	7	0	1	0
Lee	3,404	248	6	1	1	2	0	210	17	2	1	1	0
Livingston	3,922	836	44	8	1	1	0	891	39	8	5	4	0
Logan	2,842	295	18	4	0	2	0	334	16	6	3	1	0
McDonough	2,463	204	17	6	0	0	0	209	18	3	3	0	0
McHenry	22,241	925	28	9	2	3	2	1,059	31	8	1	1	0
McLean	12,280	1,847	51	15	4	8	0	1,726	60	13	1	6	0
Macon	11,304	1,905	233	84	24	27	4	2,556	193	67	20	19	5
Macoupin	4,475	485	21	4	5	0	0	509	20	10	1	2	0
Madison	25,426	1,559	124	24	5	12	2	1,319	87	28	8	11	3
Marion	4,168	350	10	5	3	3	0	330	9	5	0	2	0
Marshall	1,127	113	9	5	0	1	0	85	6	2	2	1	0
Mason	1,481	239	10	2	0	2	0	189	11	0	0	1	0
Massac	1,302	68	4	1	1	0	0	52	5	2	0	0	0
Menard	1,092	67	2	0	0	0	0	63	0	0	0	0	0
Mercer	1,647	239	12	7	2	1	0	205	11	5	3	4	0
Monroe	2,379	62	1	1	0	1	0	78	1	0	0	1	0
Montgomery	2,982	434	21	6	4	2	0	459	21	12	1	1	0
Morgan	3,290	271	22	6	2	2	0	465	39	9	2	1	1
Moultrie	1,301	74	0	0	0	0	0	89	0	0	1	0	0
Ogle	4,801	419	14	3	2	2	0	396	13	8	3	1	1
Peoria	18,252	2,144	248	74	26	18	0	1,770	227	87	20	19	1
Perry	2,112	60	5	2	1	1	0	81	9	1	0	0	0

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under*	1999						2000					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Piatt	1,432	91	7	1	0	0	0	155	7	3	0	0	0
Pike	1,611	323	15	8	2	2	0	320	17	1	2	1	0
Pope	299	14	0	0	0	0	0	20	1	0	1	0	0
Pulaski	795	67	12	2	1	1	0	51	9	1	0	0	0
Putnam	596	71	0	0	0	0	0	49	0	0	0	0	0
Randolph	3,109	308	17	2	0	1	0	331	19	3	1	4	0
Richland	1,629	102	8	3	0	0	0	114	12	1	0	0	0
Rock Island	14,688	2,382	239	73	24	21	1	2,920	238	75	33	17	0
St. Clair	29,386	4,871	507	122	39	27	2	3,926	371	70	22	18	0
Saline	2,356	448	19	3	1	0	0	530	22	2	1	0	0
Sangamon	18,225	2,023	144	49	23	11	1	2,216	137	45	26	15	2
Schuyler	685	23	1	1	0	0	0	29	4	1	0	0	0
Scott	571	42	2	0	0	0	0	33	2	0	0	0	0
Shelby	2,137	103	3	3	1	0	0	129	7	0	0	0	0
Stark	598	49	5	0	2	3	0	18	4	0	0	0	0
Stephenson	4,988	668	98	53	10	12	2	935	104	37	15	10	2
Tazewell	12,321	1,338	19	1	6	3	0	1,095	20	10	3	1	1
Union	1,472	133	10	0	1	1	0	151	8	5	2	2	0
Vermilion	8,689	800	50	19	9	6	2	814	59	13	5	3	4
Wabash	1,282	158	11	4	1	1	0	153	11	6	1	1	0
Warren	1,856	227	10	4	1	3	0	229	14	5	1	3	0
Washington	1,408	21	2	0	0	0	0	28	2	0	0	0	0
Wayne	1,589	409	7	2	1	0	0	415	11	2	1	0	0
White	1,581	229	13	3	2	0	0	208	15	1	1	0	0
Whiteside	6,011	867	35	9	6	3	0	867	37	16	7	9	2
Will	42,170	2,441	147	23	13	11	0	2,678	168	37	16	7	3
Williamson	5,327	295	5	1	0	1	0	306	5	1	0	0	0
Winnebago	27,077	3,463	154	50	16	23	6	4,162	165	49	23	12	2

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under†	1999						2000					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Woodford	3,350	116	1	2	0	0	0	85	2	2	1	0	0
Unknown	—	50,160	290	94	32	15	0	47,508	301	98	25	24	3
TOTAL	1,201,118	239,577	17,141	5,295	2,030	1,944	235	244,442	14,800	4,612	1,871	1,573	207

† The 1990 population of children 6 years of age and younger is based on 1990 census data.

The information contained in this report is gathered by the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program. Elevated blood lead levels (≥ 10 mcg/dL) are reported by laboratories, physicians, hospitals, and other health care providers. Non-elevated results (< 10 mcg/dL) are reported by laboratories. Results on all children 15 years old or younger are included in this report. Almost all tests (94 percent) are performed on children 6 years old or younger. The *total number of children screened* in the activity summary boxes and *total tested* column for 1999 and 2000 are the actual numbers reported to the Department. These numbers include children tested for the first time as well as those being retested. Where a child has multiple tests, the highest venous result is selected; if there is no venous test, the highest capillary is selected.

Results of all blood lead tests must be reported to the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program by the directors of laboratories performing the analyses. Blood lead levels greater than or equal to 10 mcg/dL also must be reported by physicians, hospital administrators, local health department administrators and directors of laboratories that do not perform blood lead analyses. In either case, results must be reported to the Department's Childhood Lead Poisoning Reporting System at 217-785-9464.

The Childhood Lead Poisoning Surveillance Report provides information by county on the number of children screened and identified with lead poisoning. The U.S. Centers for Disease Control and Prevention recommends that children with lead levels at or exceeding 15 mcg/dL be provided follow-up services. The follow-up services include medical management and case management. The Illinois Department of Public Health or delegate agencies (local health departments) provide these services to children residing in Illinois. Environmental investigations and management may be provided for children with lead levels at or exceeding 25 mcg/dL, for those with blood lead levels that persistently lie between 15 and 24 mcg/dL, or at the request of the child's physician.

TELEPHONE INFORMATION

Illinois Department of Public Health Childhood Lead Poisoning Prevention Program	217-782-0403
Illinois Department of Human Services Information And Referral Hotline	800-323-4769 voice and TTY (hearing impaired use)
Illinois Department of Public Health Childhood Lead Poisoning Clearinghouse	217-782-0403 TTY (hearing impaired use only) 800-547-0466
Illinois Department of Public Health Division of Environmental Health	217-782-3517
National Lead Information Center Hotline	800-LEAD-FYI
National Lead Information Center Clearinghouse	800-424-LEAD
Alliance to End Childhood Lead Poisoning	202-543-1147
Safe Drinking Water Hotline (U.S. EPA)	800-426-4791
Toxic Substances Control Act Assistance Information Service	202-554-1404

Printed by Authority of the State of Illinois
P.O. #372388 10M 7/01

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
CHILDHOOD LEAD POISONING PREVENTION
PROGRAM
535 W. JEFFERSON ST.
SPRINGFIELD, IL 62761